

ATTACHMENT 4.19-B

OBSTETRICAL PRACTITIONER SERVICES
(Continued)

PROCEDURE CODE	PROCEDURE DESCRIPTION	MAXIMUM PAYMENT	
		GEN PRAC	OB-GYN
59140	Cervical, with evacuation	343.04*	343.04*
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	404.44	404.44
59151	With salpingectomy and/or oophorectomy	566.46	566.46*
59160	Curettage, postpartum (separate procedure)	209.97*	209.97*
	Introduction:		
59200	Insertion of cervical dilator	49.15	49.15*
	Repair:		
59300	Episiotomy or vaginal repair, by other than attending physician	117.43*	117.43*
59320	Cerclage or cervix, during pregnancy; vaginal	158.24*	158.24*
59325	Abdominal	248.03*	246.03*
59350	Hysterorrhaphy of ruptured uterus	316.14*	316.14*
	Vaginal Delivery, Antepartum, & Postpartum Care:		
59400	Routine obstetric care including antepartum care, vaginal delivery (with or without episiotomy, and/or forceps) and postpartum care	630.20	588.80
* 59409	Vaginal delivery only (with or without episiotomy and/or forceps);	415.80	379.20
* 59410	Including postpartum care	472.80	472.80
* 59412	External cephalic version, with or without tocolysis	By Report	By Report
* 59414	Delivery of placenta (separate procedure)	102.79*	102.79*

TN No. 97-001

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ATTACHMENT 4.19-B

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(Continued)

PROCEDURE CODE	PROCEDURE DESCRIPTION	MAXIMUM PAYMENT	
		GEN PRAC	OB-GYN
* 59425	Antepartum care only; 4-6 visits	124.74	113.76
* 59426	7 or more visits	249.48	227.52
* 59430	Postpartum care only (separate procedures)	48.71	54.00
	Cesarean Delivery:		
* 59510	Routine obstetric care including antepartum care, cesarean delivery, and post partum care	1042.80	1042.80
* 59514	Cesarean delivery only;	675.65	675.65
* 59515	Including postpartum care	675.65	675.65
* 59525	Subtotal or total hysterectomy after cesarean delivery	380.10*	380.10*
	Abortion:		
59812	Treatment of incomplete abortion, any trimester, completed surgically	199.96*	199.96*
59820	Treatment of missed abortion, completed surgically; first trimester	270.00	243.00
59821	Second trimester	243.00*	243.00*
59830	Treatment of septic abortion, completed surgically	By Report	By Report
59840	Induced abortion, by dilation and curettage	280.61*	280.61*
59841	Induced abortion, by dilation and evacuation	255.47*	255.47*
59850	Induced abortion, by one or more intra-amniotic injections	349.85*	349.85*
59851	With dilation and curettage and/or evacuation	366.61*	366.61*
59852	With hysterotomy (failed intra-amniotic injection)	491.77*	491.77*

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OBSTETRICAL PRACTITIONER SERVICES (Continued)

TN No. 97-001 ersedes No. 96-003 Approval Date JUN 12 1997 Effective Date APR - 1 1997
- 14b -

ATTACHMENT 4.19-B

ADEQUACY OF ACCESS BASED ON PRACTITIONER PARTICIPATION DURING 1994

I. OBSTETRICAL STANDARD:

County	No. of Providers	No. of Participants	% Participants
Hawaii	15	10	66.7%
Kauai	6	3	50.0%
Maul *	12	4	33.3%
Honolulu	167	40	24.0%
TOTAL	200	57	29.0%

* = Also includes Lanai and Molokai

II. PEDIATRIC STANDARD:

County	No. of Providers	No. of Participants	% Participants
Hawaii	18	13	72.2%
Kauai	9	3	33.3%
Maul *	17	11	64.7%
Honolulu	215	70	32.6%
TOTAL	259	97	37.5%

Source: MMIS

* Hawaii QUEST was implemented August 1, 1994. The statistics above is based on fee-for-service access from January 1, 1996 through December 31, 1996, which covers the total eligible Medicaid population. Effective August 1, 1994, only ABD is covered through fee-for-service.

* There are approximately 1200 children statewide in the fee-for-service medical program.

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8. HMO RATES FOR OBSTETRICAL AND PEDIATRIC SERVICES:

Payment for obstetrical and pediatric services are included in the monthly capitation rate for eligible Medicaid recipients enrolled in HMO. Currently, Hawaii has an 1115 Waiver with five managed care health plans. The capitation rate is actuarially calculated by the HMO based on historical and projected costs for the region (Hawaii). The State calculates the fee-for-service cost of service provided by the HMO to an actuarially equivalent non-enrolled population group. Following are the current monthly capitation rates which reflect annual increases to assure adequacy of access to obstetric and pediatric services:

Capitation Rates as of 07/01/97:

(+) Capitation rate for Kapiolani Health Hawaii is effective 09/01/97

	AlohaCare	HMSA	Kaiser	Kapiolani Health Hawaii (+)	Queen's Hawaii Care	Straub
Oahu	\$151.67	\$142.00	\$146.71	\$149.71	\$146.92	\$143.00
Hawaii	\$135.88	\$139.00	\$135.88	\$139.00	\$138.12	
Maui	\$135.21	\$135.21 *	\$127.11		\$133.43	
Molokai		\$135.02			\$135.02	
Kauai	\$139.88	\$145.00 *		\$145.00	\$137.08	
Lanai		\$148.70				\$148.70

*coverage only until 08/31/97

Capitation Rates as of 07/01/96:

	AlohaCare	HMSA	Kaiser	Queen's Hawaii Care	Straub
Oahu	\$167.06	\$167.06	\$167.06	\$167.06	\$167.06
Hawaii	\$159.32	\$159.32	\$159.32	\$159.32	
Maui	\$152.21			\$152.21	
Molokai	\$148.57			\$148.57	
Kauai	\$158.19	\$158.19		\$158.19	
Lanai			\$163.78		\$163.78

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Capitation Rates as of 08/01/95:

	AlohaCare	HMSA	Kaiser	Queen's Hawaii Care	Straub
Oahu	\$174.00	\$176.26	\$177.11	\$167.06	\$177.50
Hawaii	\$175.00	\$166.78	\$166.78	\$159.32	
Maui	\$152.21			\$166.78	
Molokai	\$148.57			\$166.78	
Kauai	\$169.50	\$166.78		\$158.19	
Lanai			\$163.78		\$164.15

Capitation Rates as of 08/01/94:

	AlohaCare	HMSA	Kaiser	Queen's Hawaii Care	Straub
Oahu	\$163.22	\$168.35	\$151.40	\$155.74	\$153.16
Hawaii	\$161.25	\$156.66	\$156.66	\$144.78	
Maui	\$144.08			\$166.13	
Molokai	\$126.84			\$155.44	
Kauai	\$154.29	\$162.20		\$144.04	
Lanai			\$136.12		\$177.57

9. PAYMENTS FOR ALL OTHER NON-INSTITUTIONAL ITEMS AND SERVICES:

Payments for all other non-institutional items and services shall be at a rate set by the Department. In the case of Qualified Medicare Beneficiaries, deductibles and co-insurance payments for any Medicare covered services that are not otherwise covered under the Hawaii State Plan, are based on the Medicare reasonable charge.

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ATTACHMENT 4.19-B

10. PAYMENTS TO FEDERALLY QUALIFIED HEALTH CENTERS:

Federally Qualified Health Centers (FQHCs) shall be reimbursed their reasonable costs of covered services. Reasonable costs shall be determined in accordance with applicable provisions of the Medicare reimbursement methodology for Rural Health Clinics specified in 42 C.F.R. Part 413 with the exception of the lower of cost or charge principle. Such methodology shall include any screening guidelines, tests of reasonableness, or payment limitations applicable to Medicaid FQHC services as required by Federal law or regulation.

11. REIMBURSEMENT METHODOLOGIES FOR NON-PLAN
SERVICES FOR EPSDT ELIGIBLE INDIVIDUALS

a. Organ Transplant Services

- i. The reasonable charge methodology will be used to reimburse intra-state physician services.

Inpatient care shall be reimbursed in accordance with the provisions of ATTACHMENT 4.19-A of this Plan.

- ii. Reimbursement for out-of-state providers shall be based on the medicaid rate paid in the provider's state.

b. Chiropractor Services

Payment for chiropractor services shall not exceed the medicare fee schedule.

c. Private Duty Nursing, Personal Care, and
Case Management Services

Reimbursement for these services shall be made according to the rates established by the department.